

Mail To: Bureau of Unemployment Compensation
 P.O. Box 4200 | P.O. Box 610 | P.O. Box 1088
 Lewiston, ME | Orono, ME | Presque Isle,
 04243-4200 | 04473-0610 | ME 04769-1088

**DISLOCATED WORKER BENEFITS
(DWB) WEEKLY CLAIM FORM**

SSN: _____ Claimant's Name: _____ Office: _____

BYE: _____

I CLAIM BENEFITS FOR THE WEEK ENDING SATURDAY _____

1. Were you fully able to attend, and did you attend, all scheduled approved training during the week claimed? YES NO
 A. If "NO," give the date(s) and reason(s) for absence in the Remarks Section below.
2. Are you on school vacation or break in training? YES NO
 A. If "YES," give start and end dates of break in training. From: _____ To: _____
3. **If the training has been completed or terminated, give the last date of attendance.** _____
4. Did you receive any of the following: Bonus Pay, Vacation Pay, Holiday Pay, Dismissal Wages, Wages in Lieu of Notice, Social Security, or a Pension during the week claimed? YES NO
 Type Pay _____ Amount \$ _____ Date Received _____
5. Did you work or earn any money during the week claimed (including self-employment or Commission sales?) YES NO
 A. If "Yes", Employer Name and Address: _____

 B. Dates Worked _____ Gross Earnings \$ _____
You must provide verification of your earnings before benefits can be paid.
 C. Are you still employed? If not, explain why in the Remarks Section below. YES NO
6. Are you claiming benefits for dependent children? (If "YES," complete A, B, and C below.) YES NO
 A. Was your spouse employed **full time** during the week claimed? YES NO
 B. Does your spouse contribute some support for dependents? YES NO
 C. Explain any changes in number of dependents claimed in Remarks.
7. If your address/telephone has changed, please enter new address/telephone number here: _____

Remarks:

➔ Worker Certification: I certify that all statements for the week covered by this claim are true and correct. I know the law imposes penalties for false statements made on this claim. I am not seeking any other State, Railroad, or Federal unemployment insurance.

Claimant's Signature	Date
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➔ Training Facility or Training Sponsor Certification: The answers provided in questions 1, 2 and 3 are in accordance with our records. Statements made by the worker appear to be complete and correct to the best of my knowledge, unless otherwise noted.

Facility / Sponsor Name:	Telephone No.:
Signature:	Date: